

How to Get Involved



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The Wisconsin Plan for Heart Disease and Stroke Prevention 2005-2009 is a call to action for all organizations, communities, and individuals in Wisconsin to work together to reduce the risks, disability, and death associated with heart attack and stroke. The partnership of all people living in Wisconsin is needed to strive to reach the goals proposed in this plan. It will take the active involvement of many partners to apply diverse and innovative solutions to change system, community, and individual behaviors. Public and private groups are needed to affect policies and environments that support heart health, and individual residents will need to take action to change their own behavior. By working together, the people of Wisconsin have a great opportunity to create communities that support healthier lifestyles, reduce much of the burden and disability of CVD, and improve the quality of life for generations to come.

What You Can Do

1. Review the Work Plan goals, strategies, and objectives. Identify specific items with which your organization may be involved or want to address.
2. Commit to becoming a partner with the CVH Program and others in reducing heart disease and stroke.
3. Register your endorsement of the plan. Anyone with existing activities, new ideas, or simply an interest in being involved can endorse the plan.
4. Collaborate with other endorsers of the plan who share your goals.

How to Endorse the Wisconsin Plan for Heart Disease and Stroke Prevention

You can endorse the plan by printing and faxing the endorsement form in this publication, or completing it online: <http://dhfs.wisconsin.gov/Health/cardiovascular/index.htm>. When you endorse the plan, your name/organization will be acknowledged on the plan web site and in plan-related promotional materials. Your contact information will remain confidential and will not be used for any other purpose. As partners register their endorsement, the CVH Program will track the activities taking place in Wisconsin to identify additional areas of need. The CVH Program will also evaluate the plan and make recommendations for future activities based on its analysis.

Endorsement of the Wisconsin Plan for Heart Disease and Stroke Prevention 2005-2009

Please copy and fax your endorsement to the Wisconsin Cardiovascular Health Program, (608) 266-8925, or complete it online at <http://dhfs.wisconsin.gov/Health/cardiovascular/index.htm>. Your endorsement may be publicly acknowledged on the Cardiovascular Health Program website and in plan-related materials.

1. I am endorsing the *Wisconsin Plan for Heart Disease and Stroke Prevention 2005-2009* as an:

☐ Individual (Go to number 6) ☐ Organization

2. My full name, or the name of my organization or group:

3. The standard abbreviations or acronym, if any, used by my organization or group:

4. The type of organization I represent (choose up to three):

- | | |
|--|---|
| <input type="checkbox"/> Coalition | <input type="checkbox"/> Communication/Media |
| <input type="checkbox"/> Community Group | <input type="checkbox"/> Faith Community |
| <input type="checkbox"/> Food Service/Restaurant | <input type="checkbox"/> Health Care Delivery |
| <input type="checkbox"/> Health Plan/Insurer | <input type="checkbox"/> Government Agency Non-Profit |
| <input type="checkbox"/> Professional Association | <input type="checkbox"/> Public Health Department |
| <input type="checkbox"/> Recreational/Sports Setting | <input type="checkbox"/> Research Institution |
| <input type="checkbox"/> Retail/Business Setting | <input type="checkbox"/> School/College/ University |
| <input type="checkbox"/> Work site/Employer | <input type="checkbox"/> Other |

5. I can provide a link from my organization's web site to the Wisconsin Cardiovascular Health Program. ☐ Yes, and I will ☐ No ☐ Decision pending

6. I/we can work on the following activities in the *Wisconsin Plan for Heart Disease and Stroke Prevention 2005-2009* to help accomplish its goals: _____

7. I would like to become a member of the ☐ CVH Alliance ☐ Stroke Committee

Contact Information (Individuals' contact information will be kept confidential)

Contact Name: _____ Credentials: _____

Organization (if applicable): _____

Position/Title: _____

Mailing Address: _____

Telephone No. ____ (____) _____ Fax No. ____ (____) _____

E-mail: _____

Website: _____